

County: Trempealeau
 PIGEON FALLS HEALTH CARE CENTER
 13197 CHURCH, P.O. BOX 310
 PIGEON FALLS 54760 Phone: (715) 983-2293

Facility ID: 3780

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Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 41
 Total Licensed Bed Capacity (12/31/01): 41
 Number of Residents on 12/31/01: 37

Ownership:
 Highest Level License: County Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? No
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 39

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)			
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		43.2	
Home Health Care	No					1 - 4 Years		43.2	
Supp. Home Care-Personal Care	No					More Than 4 Years		13.5	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.7				
Day Services	No	Mental Illness (Org./Psy)	48.6	65 - 74	8.1				
Respite Care	Yes	Mental Illness (Other)	13.5	75 - 84	48.6			100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	35.1	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.4	Full-Time Equivalent			
Congregate Meals	No	Cancer	2.7			Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	13.5		100.0	(12/31/01)			
Other Meals	No	Cardiovascular	2.7	65 & Over	97.3				
Transportation	No	Cerebrovascular	2.7			RNs		8.0	
Referral Service	No	Diabetes	0.0	Sex	%	LPNs		7.6	
Other Services	No	Respiratory	0.0			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	16.2	Male	54.1	Aides, & Orderlies			
Mentally Ill	No			Female	45.9				
Provide Day Programming for			100.0						
Developmentally Disabled	No				100.0				

Method of Reimbursement

Table 1: Breakdown of Care Services by Funding Source																				
		Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Family Care		Managed Care					
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0.0	0	1	3.6	118	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.7
Skilled Care	0	0.0	0	22	78.6	99	0	0.0	0	8	88.9	120	0	0.0	0	0	0.0	0	30	81.1
Intermediate	---	---	---	5	17.9	79	0	0.0	0	1	11.1	102	0	0.0	0	0	0.0	0	6	16.2
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		28	100.0		0	0.0		9	100.0		0	0.0		0	0.0		37	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	15.2	Daily Living (ADL)	Independent			
Private Home/With Home Health	6.1	Bathing	2.7	78.4	18.9	37
Other Nursing Homes	9.1	Dressing	16.2	67.6	16.2	37
Acute Care Hospitals	60.6	Transferring	29.7	56.8	13.5	37
Psych. Hosp. -MR/DD Facilities	3.0	Toilet Use	24.3	56.8	18.9	37
Rehabilitation Hospitals	0.0	Eating	73.0	10.8	16.2	37
Other Locations	6.1	*****				
Total Number of Admissions	33	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	2.7	Receiving Respiratory Care		5.4
Private Home/No Home Health	11.8	Occ/Freq. Incontinent of Bladder	64.9	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	5.9	Occ/Freq. Incontinent of Bowel	35.1	Receiving Suctioning		0.0
Other Nursing Homes	17.6			Receiving Ostomy Care		0.0
Acute Care Hospitals	5.9	Mobility		Receiving Tube Feeding		2.7
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		27.0
Rehabilitation Hospitals	0.0					
Other Locations	8.8	Skin Care		Other Resident Characteristics		
Deaths	50.0	With Pressure Sores	8.1	Have Advance Directives		73.0
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	34			Receiving Psychoactive Drugs		45.9

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Government Peer Group %	Ratio	Bed Size: Under 50 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.1	87.7	1.08	88.0	1.08	84.4	1.13	84.6	1.12
Current Residents from In-County	91.9	76.7	1.20	74.3	1.24	75.4	1.22	77.0	1.19
Admissions from In-County, Still Residing	42.4	28.2	1.51	36.2	1.17	22.1	1.92	20.8	2.04
Admissions/Average Daily Census	84.6	91.3	0.93	110.6	0.76	118.1	0.72	128.9	0.66
Discharges/Average Daily Census	87.2	92.8	0.94	90.2	0.97	118.3	0.74	130.0	0.67
Discharges To Private Residence/Average Daily Census	15.4	32.9	0.47	23.0	0.67	46.1	0.33	52.8	0.29
Residents Receiving Skilled Care	83.8	90.8	0.92	81.8	1.02	91.6	0.92	85.3	0.98
Residents Aged 65 and Older	97.3	88.8	1.10	96.8	1.00	94.2	1.03	87.5	1.11
Title 19 (Medicaid) Funded Residents	75.7	67.9	1.11	79.1	0.96	69.7	1.09	68.7	1.10
Private Pay Funded Residents	24.3	19.7	1.23	18.6	1.31	21.2	1.15	22.0	1.11
Developmentally Disabled Residents	0.0	0.8	0.00	0.4	0.00	0.8	0.00	7.6	0.00
Mentally Ill Residents	62.2	46.1	1.35	60.5	1.03	39.5	1.57	33.8	1.84
General Medical Service Residents	16.2	14.8	1.09	11.1	1.47	16.2	1.00	19.4	0.84
Impaired ADL (Mean)	44.9	49.7	0.90	46.3	0.97	48.5	0.92	49.3	0.91
Psychological Problems	45.9	56.1	0.82	62.1	0.74	50.0	0.92	51.9	0.89
Nursing Care Required (Mean)	5.4	6.7	0.81	4.3	1.24	7.0	0.77	7.3	0.74